

INSTRUCTIONS

- 1. Leave No Blanks - Where appropriate code items:  
X = question not answered  
N = question not applicable  
Use only one character per item.
- 2. Item numbers circled are to be asked at follow-up. Items with an asterisk are cumulative and should be rephrased at follow-up (see Manual).
- 3. Space is provided after sections for additional comments

ADDICTION SEVERITY INDEX

SEVERITY RATINGS

The severity ratings are interviewer estimates of the patient's need for additional treatment in each area. The scales range from 0 (no treatment necessary) to 9 (treatment needed to intervene in life-threatening situation). Each rating is based upon the patient's history of problem symptoms, present condition and subjective assessment of his treatment needs in a given area. For a detailed description of severity ratings' derivation procedures and conventions, see manual. Note: These severity ratings are optional.

Fifth Edition

SUMMARY OF PATIENTS RATING SCALE

- 0 - Not at all
- 1 - Slightly
- 2 - Moderately
- 3 - Considerably
- 4 - Extremely

I.D. NUMBER

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LAST 4 DIGITS OF SSN

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DATE OF ADMISSION

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DATE OF INTERVIEW

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TIME BEGUN

		:		
--	--	---	--	--

TIME ENDED

		:		
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CLASS:

- 1 - Intake
- 2 - Follow-up

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CONTACT CODE:

- 1 - In Person
- 2 - Phone

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GENDER:

- 1 - Male
- 2 - Female

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INTERVIEWER CODE NUMBER

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SPECIAL:

- 1 - Patient terminated
- 2 - Patient refused
- 3 - Patient unable to respond

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GENERAL INFORMATION

NAME

CURRENT ADDRESS

GEOGRAPHIC CODE

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1. How long have you lived at this address? YRS. MOS.

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2. Is this residence owned by you or your family?

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0 - No 1 - Yes

3. DATE OF BIRTH

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4. RACE

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- 1 - White (Not of Hispanic Origin)
- 2 - Black (Not of Hispanic Origin)
- 3 - American Indian
- 4 - Alaskan Native
- 5 - Asian or Pacific Islander
- 6 - Hispanic - Mexican
- 7 - Hispanic - Puerto Rican
- 8 - Hispanic - Cuban
- 9 - Other Hispanic

5. RELIGIOUS PREFERENCE

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- 1 - Protestant 4 - Islamic
- 2 - Catholic 5 - Other
- 3 - Jewish 6 - None

6. Have you been in a controlled environment in the past 30 days?

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- 1 - No
- 2 - Jail
- 3 - Alcohol or Drug Treatment
- 4 - Medical Treatment
- 5 - Psychiatric Treatment
- 6 - Other

7. How many days?

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ADDITIONAL TEST RESULTS

Shipley C.Q.

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Shipley I.Q.

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Beck Total Score

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SCL-90 Total

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MAST

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SEVERITY PROFILE

9									
8									
7									
6									
5									
4									
3									
2									
1									
0									
PROBLEMS	MEDICAL	EMPSUP	ALCOHOL	DRUG	LEGAL	FAM/SOC	PSYCH		

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\* 1. How many times in your life have you been hospitalized for medical problems?  
(Include o.d.'s, d.t.'s, exclude detox.)

2. How long ago was your last hospitalization for a physical problem

3. Do you have any chronic medical problems which continue to interfere with your life? ☐
- 0 - No  
1 - Yes \_\_\_\_\_
- Specify

4. Are you taking any prescribed medication on a regular basis for a physical problem?  
0 - No    1 - Yes

5. Do you receive a pension for a physical disability? (Exclude psychiatric disability.)  
 0 - No  
 1 - Yes \_\_\_\_\_ Specify \_\_\_\_\_

6. How many days have you experienced medical problems in the past 30? 

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**FOR QUESTIONS 7 & 8 PLEASE ASK  
PATIENT TO USE THE PATIENT'S RATING  
SCALE**

7. How troubled or bothered have you been by these medical problems in the past 30 days? ☐

### Comments

8. How important to you now is treatment for these medical problems? ☐

**INTERVIEWER SEVERITY RATING**

9. How would you rate the patient's need for medical treatment?

### CONFIDENCE RATINGS

**Is the above information significantly distorted by:**

10. Patient's misrepresentation? ☐  
0 - No 1 - Yes

11. Patient's inability to understand? 1  
0 - No    1 - Yes

\* ①. Education completed (GED = 12 years) 

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YRS. MOS.

- \* 2. Training or technical education completed

3. Do you have a profession, trade or skill? ☐  
 0 - No  
 1 - Yes \_\_\_\_\_  
                     Specify

4. Do you have a valid driver's license? ☐
- 0 - No    1 - Yes

5. Do you have an automobile available for use? (Answer No if no valid driver's license.) ☐
- 0 - No 1 - Yes

6. How long was your longest full-time job? 

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YRS. MOS.

- \* 7. Usual (or last) occupation. ☐
- \_\_\_\_\_  
(Specify in detail)

8. Does someone contribute to your support in any way? ☐
- 0 - No    1 - Yes

9. ONLY IF ITEM 8 IS YES) Does this constitute the majority of your support? ☐
- 0 - No 1 - Yes

10. Usual employment pattern,  
past 3 years.
- 1 - full time (40 hrs/wk)  
2 - part time (reg. hrs)  
3 - part time (irreg., daywork)  
4 - student  
5 - service  
6 - retired/disability  
7 - unemployed  
8 - in controlled environment

11. How many days were you paid for working in the past 30? (include "under the table" work.) 

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**How much money did you receive from the following sources in the past 30 days?**

- |                             |  |  |  |  |
|-----------------------------|--|--|--|--|
| 12. Employment (net income) |  |  |  |  |
|-----------------------------|--|--|--|--|

- |                               |  |  |  |  |
|-------------------------------|--|--|--|--|
| 13. Unemployment compensation |  |  |  |  |
|-------------------------------|--|--|--|--|

14. DPA

15. Pension, benefits or social security

16. Mate, family or friends (Money for personal expenses).

17. Illegal 

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18. How many people depend on you for the majority of their food, shelter, etc.?

19. How many days have you experienced employment problems in the past 30? □ □

FOR QUESTIONS 20 & 21 PLEASE ASK  
PATIENT TO USE THE PATIENT'S  
RATING SCALE

- 20 How troubled or bothered have you been by these employment problems in the past 30 days? ☐

21. How important to you *now* is counseling for these employment problems? ☐

### INTERVIEWER SEVERITY RATING

22. How would you rate the patient's need for employment counseling? ☐

### CONFIDENCE RATINGS

Is the above information significantly distorted by:

23. Patient's misrepresentation? ☐  
0 - No    1 - Yes

24. Patient's inability to understand?  
0 - No 1 - Yes

### Comments

### Addiction Severity Index (ASI)

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**DRUG/ALCOHOL USE**

**PAST 30 LIFETIME USE**

Days	Yrs.	Rt of adm.
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- 01 Alcohol - Any use at all
- 02 Alcohol - To Intoxication
- 03 Heroin
- 04 Methadone
- 05 Other opiates/analgesics
- 06 Barbiturates
- 07 Other sed/hyp/tranq.
- 08 Cocaine
- 09 Amphetamines
- 10 Cannabis
- 11 Hallucinogens
- 12 Inhalants

- ⑬ More than one substance per day (Incl. alcohol).

**Note: See manual for representative examples  
for each drug class**

\* Route of Administration: 1 = Oral, 2 = Nasal  
3 = Smoking, 4 = Non IV inj., 5 = IV inj.

- 14** Which substance is the major problem? *Please code as above or 00-No problem; 15-Alcohol & Drug (Dual addiction); 16-Polydrug; when not clear, ask patient.*

15. How long was your last period of voluntary abstinence from this major substance?  
(00 - never abstinent)

16. How many months ago  
did this abstinence end?  
(00 - still abstinent)

- \* (17) How many times have you:

- Had alcohol d.t.'s

- ### Overdosed on drugs

- \* (18) How many times in your life have you been treated for:

- Alcohol Abuse:**

- Drug Abuse:**

- \* 19 How many of these were detox only?

- ## Alcohol

- Drug

- 20 How much would you say you spent during the past 30 days on:

- ## Alcohol

- ## Drugs

### Comments

- 21** How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days (*Include NA, AA*).

- 22** How many days in the past 30 have you experienced:  
Alcohol Problems

- ## Drug Problems

**FOR QUESTIONS 23 & 24 PLEASE ASK  
PATIENT TO USE THE PATIENT'S  
RATING SCALE**

- 23** How troubled or bothered have you been in the past 30 days by these:  
Alcohol Problems ☐

- ## Drug Problems

- 24 How important to you now is treatment for these:  
Alcohol Problems ☐

- ## Drug Problems

**INTERVIEWER SEVERITY RATING**

- 25 How would you rate the patient's  
need for treatment for:  
Alcohol Abuse

- ## Drug Abuse

### CONFIDENCE RATINGS

Is the above information significantly distorted by:

- 26 Patient's misrepresentation?  
0 - No 1 - Yes

- 27 Patient's inability to understand?  
0 - No 1 - Yes

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1. Was this admission prompted or suggested by the criminal justice system (judge, probation/parole officer, etc.)

0 - No    1 - Yes

**2. Are you on probation or parole?**

0 - No    1 - Yes

How many times in your life have you been arrested and charged with the following:

- \* (03) - shoplifting/vandalism
- \* (04) - parole/probation violations
- \* (05) - drug charges
- \* (06) - forgery
- \* (07) - weapons offense
- \* (08) - burglary, larceny, B & E
- \* (09) - robbery
- \* (10) - assault
- \* (11) - arson
- \* (12) - rape
- \* (13) - homicide, manslaughter
- \* (14A) - prostitution
- \* (14B) - contempt of court
- \* (14C) - other

\*15 How many of these charges resulted in convictions?

**How many times in your life have you been charged with the following:**

- \* **(16)** Disorderly conduct, vagrancy, public intoxication
- \* **(17)** Driving while intoxicated
- \* **(18)** Major driving violations (reckless driving, speeding, no license, etc.)
- \* **(19)** How many months were you incarcerated in your life?

20. How long was your last incarceration?

21. What was it for?  
(Use code 3-14, 16-18.  
If multiple charges, code most severe)

- 22 Are you presently awaiting charges, trial or sentence?  
0 - No 1 - Yes
- 23 What for (If multiple charges, use most severe).
- 24 How many days in the past 30 were you detained or incarcerated?

### Comments

- 25** How many days in the past 30 have you engaged in illegal activities for profit?

**FOR QUESTIONS 26 & 27 PLEASE ASK  
PATIENT TO USE THE PATIENT'S  
RATING SCALE**

- 26 How serious do you feel your present legal problems are?  
(Exclude civil problems)
- 27 How important to you now is counseling or referral for these legal problems?

**INTERVIEWER SEVERITY RATING**

- 28 How would you rate the patient's need for legal services or counseling?

### CONFIDENCE RATINGS

Is the above information significantly distorted by:

- ②⑨ Patient's misrepresentation?  
0 - No 1 - Yes
- ③⑩ Patient's inability to understand?  
0 - No 1 - Yes

Have any of your relatives had what you would call a significant drinking, drug use or psych problem- one that did or should have led to treatment?

### Father's Side

### Siblings

	<b>Alc</b>	<b>Drug</b>	<b>Psych</b>
<b>Grandmother</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Grandfather</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mother</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Aunt</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Uncle</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Alc	Drug	Psych
Grandmother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandfather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aunt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uncle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Alc	Drug	Psych
Brother #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sister #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sister #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Direction: Place "0" in relative category where the answer is clearly no for all relatives in the category; "1" where the answer is clearly yes for any relative within the category; "X" where the answer is uncertain or "I don't know" and "N" where there never was a relative from that category. Code most problematic relative in cases of multiple members per category.

- 1 Marital Status

1 - Married

2 - Remarried

3 - Widowed

4 - Separated

5 - Divorced

6 - Never Married

2 How long have you been in this marital status?

YRS.

MOS.

(If never married, since age 18).

- 3 Are you satisfied with this situation?

0 - No

1 - Indifferent

2 - Yes

- \* 4 Usual living arrangements (past 3 yr.)

1 - With sexual partner and children

2 - With sexual partner alone

3 - With children alone

4 - With parents

5 - With family

6 - With friends

7 - Alone

8 - Controlled environment

9 - No stable arrangements

5 How long have you lived in these arrangements.

YRS.

MOS.

(If with parents or family, since age 18).

- 6 Are you satisfied with these living arrangements?

0 - No

1 - Indifferent

2 - Yes

Do you live with anyone who:

0 = No

1 = Yes

6A. Has a current alcohol problem?

6B. Uses non-prescribed drugs?

- 7 With whom do you spend most of your free time:

1 - Family

2 - Friends

3 - Alone

- 8 Are you satisfied with spending your free time this way?

0 - No

1 - Indifferent

2 - Yes

- 9 How many close friends do you have?

FAMILY/SOCIAL RELATIONSHIPS

Direction for 9A-18: Place "0" in relative category where the answer is clearly no for all relatives in the category; "1" where the answer is clearly yes for any relative within the category; "X" where the answer is uncertain or "I don't know" and "N" where there never was a relative from that category.

9A. Would you say you have had close, long lasting, personal relationships with any of the following people in your life:

Mother

Father

Brothers/Sisters

Sexual Partner/Spouse

Children

Friends

Have you had significant periods in which you have experienced serious problems getting along with:

0 - No 1 - Yes

- 10 Mother

11 Father

12 Brothers/Sisters

13 Sexual partner/spouse

14 Children

15 Other significant family

16 Close friends

17 Neighbors

18 Co-Workers

PAST 30 DAYS

IN YOUR LIFE

Did any of these people (10-18) abuse you: 0 =No; 1 = Yes

- 18A. Emotionally (make you feel bad through harsh words)?

18B. Physically (cause you physical harm)?

18C. Sexually (force sexual advances or sexual acts)?
- 

- 19 How many days in the past 30 have you had serious conflicts:

- A with your family?

B with other people? (excluding family)
- 

FOR QUESTIONS 20-23 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

How troubled or bothered have you been in the past 30 days by these:

- 20 Family problems

21 Social problems
- 

How important to you now is treatment or counseling for these:

- 22 Family problems

23 Social problems
- 

INTERVIEWER SEVERITY RATING

- 24 How would you rate the patient's need for family and/or social counseling?

CONFIDENCE RATINGS

Is the above information significantly distorted by:

- 25 Patient's misrepresentation?

26 Patient's inability to understand?
- 0 - No

1 - Yes

0 - No

1 - Yes
- 

Comments

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PSYCHIATRIC STATUS

\* ① How many times have you been treated for any psychological or emotional problems?

In a hospital

As an Opt. or Priv. patient


⑪ How many days in the past 30 have you experienced these psychological or emotional problems?

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FOR QUESTIONS 12 & 13 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

② Do you receive a pension for a psychiatric disability?

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0 - No    1 - Yes

⑫ How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days?

--

Have you had a significant period, (that was not a direct result of drug/alcohol use), in which you have:

0 - No    1 - Yes

PAST 30 IN  
DAYS YOUR  
LIFE

③ Experienced serious depression

④ Experienced serious anxiety or tension

⑤ Experienced hallucinations

⑥ Experienced trouble understanding, concentrating or remembering

⑦ Experienced trouble controlling violent behavior

⑧ Experienced serious thoughts of suicide

⑨ Attempted suicide

⑩ Been prescribed medication for any psychological/emotional problem


⑬ How important to you now is treatment for these psychological problems?

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THE FOLLOWING ITEMS ARE TO BE COMPLETED BY THE INTERVIEWER

At the time of the interview, is patient:

0 - No    1 - Yes

⑭ Obviously depressed/withdrawn

⑮ Obviously hostile

⑯ Obviously anxious/nervous

⑰ Having trouble with reality testing thought disorders, paranoid thinking

⑱ Having trouble comprehending, concentrating, remembering.

⑲ Having suicidal thoughts


Comments

INTERVIEWER SEVERITY RATING

⑳ How would you rate the patient's need for psychiatric/psychological treatment?

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CONFIDENCE RATINGS

Is the above information significantly distorted by:

㉑ Patient's misrepresentation?  
0 - No    1 - Yes

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㉒ Patient's inability to understand?  
0 - No    1 - Yes

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